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PTO/SB/29 (10-00)

CLAIMS (2) NUMBER FILED (3) NUMBER EXTRA (4) RATE (5) CALCULATIONS TOTAL CLAIMS (37 CFR 1.16(c) or (j)) (o -20* = INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i)) -3** = MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) BASIC FEE (37 CFR 1.16) Reduction by 50% for filing by small entity (Note 37 CFR 1.27). Reissue claims in excess of 20 and over original patent.
 Reissue independent claims over original patent. 6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 1240 : a. A Fees required under 37 CFR 1.16. b. T Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$__ 9. Payment by credit card. Form PTO-2038 is attached. 10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 11. X New Attorney Docket Number, if desired <u>0402</u> [Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided he 12. a.
Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. X Return Receipt Postcard (Should be specifically itemized, See MPEP 503) NOTE: The prior application's correspondence address will carry over to this CPA 14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) City State Country 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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